

TOWNSHIP BULLETIN

AND UNIFORM COMPLIANCE GUIDELINES ISSUED BY STATE BOARD OF ACCOUNTS

Vol. No. 270, Page 1

August 2005

ITEMS TO REMEMBER

Per Volume 269, May 2005 Township Bulletin and Uniform Compliance Guidelines, August 31 is the last date for the first publication of a township budget (10 days prior to the public hearing) (IC 6-1.1-17-3).

SEPTEMBER

- September 5: Legal Holiday - Labor Day (IC 1-1-9-1)
- September 7: Last date for second publication of Township Budgets (3 days before the public hearing). (IC 5-3-1-2)
- September 10: Last date for public hearing on proposed budget (at least 10 days prior to the adoption of the budget). Ten (10) or more taxpayers may object to a budget, tax rate, or tax levy by filing an objection petition with the proper officers of the political subdivision not more than seven (7) days after the hearing. (IC 6-1.1-17-5)
- September 19: Last date to file appeals for an excessive tax levy. (IC 6-1.1-18.5-12)
- September 20: Last date for meeting of Township Board to make appropriations for 2006 and to fix tax levies. (IC 6-1.1-17-5)
- September 22: Meeting of County Board of Tax Adjustment. (IC 6-1.1-29-4) Each County Board of Tax Adjustment, if applicable, shall hold its first meeting of each year on September 22nd or on the first business day after September 22nd if September 22nd is not a business day.
- September: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. (IC 5-13-6-1)
- NOTE: The Township Board should set the salaries of township officials and employees except assessing officials and employees, in conjunction with the preparation and completion of the township budget. (Use Township Form 17)

OCTOBER

- October 1: On or before this date all duties of the County Board of Tax Adjustment must be completed, except for a consolidated city and county, and in a county containing a second class city. (IC 6-1.1-17-9)
- October 10: Legal Holiday - Columbus Day (IC 1-1-9-1)
- October 15: Last day to make pension report and payment for third quarter by townships participating in PERF.

**TOWNSHIP BULLETIN
and Uniform Compliance Guidelines**

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August 2005

**ITEMS TO REMEMBER
(Continued)**

- October 31: Last day to file quarterly report for third quarter to Internal Revenue Service.
- October: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. (IC 5-13-6-1)

NOVEMBER

- November 11: Legal Holiday – Veterans' Day (IC 1-1-9-1)
- November 24: Legal Holiday - Thanksgiving Day (IC 1-1-9-1)
- November 30: On or before June 1 and December 1 of each year (or more frequently if the County Legislative Body adopts an ordinance requiring additional certifications) the Trustee shall certify a list of the names and addresses of each person who has money due from the township to the County Treasurer. (IC 6-1.1-22-14)
- November: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. (IC 5-13-6-1)

PUBLIC ENTITY RISK POOLS

Many governmental entities are joining together in order to share the risk for certain losses by forming a Public Entity Risk Pool. Statement Number 10 of the Governmental Accounting Standards Board "Accounting and Financial Reporting for Risk Financing and Related Insurance Issues" (GASB 10) establishes accounting and financial reporting standards for risk financing and insurance-related activities of state and local governmental entities, including Public Entity Risk Pools. The statement defines a Public Entity Risk Pool as a cooperative group of governmental entities joining together to finance an exposure, liability, or risk. Risk may include such things as property and liability, workers' compensation, or employee health care. The requirements of the statement that affect Public Entity Risk Pools are effective for periods beginning after June 15, 1990. The requirements affecting governmental entities other than Risk Pools is effective for periods beginning after June 15, 1994.

The records and accounts of the Risk Pool in some cases, are being maintained by one of the participating governmental entities. The State Board of Accounts is of the audit position that since a Risk Pool is normally a legally separate entity, all records of the Risk Pool should be maintained separately from the records of the governmental entity, including any salaries and related expenses of employees of the Risk Pool.

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August 2005

STATE BOARD OF ACCOUNTS CALLED MEETING

Once again the State Board of Accounts anticipates (in accordance with IC 5-11-14-1) calling a meeting of all Township Trustees in conjunction with the Township Convention November 16th through November 19, 2005 in Indianapolis. Many items pertaining to our audits of townships will be discussed at our meeting on Friday, November 18, 2005. Please make plans to attend the meeting and the Township Convention.

Please note the day has been changed to Friday. The Indiana Township Association has requested we conduct the State Board of Accounts meeting on Friday, November 18, 2005.

Also, please note the location. The Indiana Township Association will again provide for arrangements of the meeting location at the Hyatt Hotel, downtown.

We have allowed individuals to pick up Annual Report packages for other townships at prior meetings. The packet also includes the revised pages for the Accounting and Uniform Compliance Guidelines Manual for Townships and the November 2005 Township Bulletin and Uniform Compliance Guidelines. However, several situations have arisen resulting in the townships for whom the packages were picked up not receiving the information. Therefore, a letter such as the following will be required for anyone to pick up your packet at the November 2005 meeting. All other packages will be mailed to the address we currently have on file for each township by the middle of December. The packet also includes a large envelope with the U S Bureau of the Census return address. **Please do not throw away.** Please mail the completed Annual Report in the envelope provided to the U S Bureau of the Census.

To: State Board of Accounts

From: _____ Township, _____ County

Re: 2006 Annual Report Package

Date: _____, 2005

Dear Sirs:

_____ has my permission to pick up the 2006 Annual Report package for me at the annual meeting for Township Trustees.

Township Trustee

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August 2005

TOWNSHIP ASSISTANCE STATISTICAL REPORT, TA-7 (REVISED 2005)

Township assistance statistical report, TA-7 (Revised 2005), has been revised effective July 1, 2005, in accordance with Public Law 180, 2005. A draft of TA-7, with instructions, is enclosed. We recommend townships begin immediately keeping records in a manner that will allow preparation of the TA-7 required to be filed with the Annual Report no later than January 30, 2006.

Training workshops are being held on August 30, 31, September 14, 21, 2005, at Hidden Lake Park Social Center, 6355 Broadway (State Route 53) Merrillville; Monroe County Court House, Nat U Hill room, in downtown Bloomington; and Noblesville Township Community Center, 372 S. 8th Street, Noblesville. Please contact Ross Township, Lake County (John Rooda) at 219-769-2111; Perry Township, Monroe County, (Pat Combs) at 812-336-3713; and Noblesville Township, Hamilton County, (Billie Caldwell) at 317-773-0249 to RSVP.

TOWNSHIP, _____ COUNTY _____
 TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)
 FOR THE PERIOD ENDING DECEMBER 31, 2005

1. TOTAL NUMBER OF REQUESTS FOR TOWNSHIP ASSISTANCE	_____
2. (A) TOTAL NUMBER OF RECIPIENTS OF TOWNSHIP ASSISTANCE	_____
2. (B) TOTAL NUMBER OF HOUSEHOLDS CONTAINING RECIPIENTS OF TOWNSHIP ASSISTANCE	_____
2. (C) (i) TOTAL NUMBER OF CASE CONTACTS MADE WITH OR ON BEHALF OF RECIPIENTS OF TOWNSHIP ASSISTANCE	_____
2. (C) (ii) TOTAL NUMBER OF CASE CONTACTS MADE WITH OR ON BEHALF OF MEMBERS OF A HOUSEHOLD RECEIVING TOWNSHIP ASSISTANCE	_____
3. TOTAL VALUE OF BENEFITS PROVIDED TO RECIPIENTS OF TOWNSHIP ASSISTANCE	\$ _____
4. TOTAL VALUE OF BENEFITS PROVIDED THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS	\$ _____
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5. (A) TOTAL NUMBER RECEIVING UTILITY ASSISTANCE - RECIPIENTS	_____
5. (A) (i) TOTAL NUMBER RECEIVING UTILITY ASSISTANCE - HOUSEHOLDS	_____
5. (B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING UTILITY ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
6. (i) TOTAL VALUE OF BENEFITS PROVIDED FOR PAYMENT OF UTILITIES - TOWNSHIP	\$ _____
6. (ii) TOTAL VALUE OF BENEFITS PROVIDED FOR PAYMENT OF UTILITIES - NONTOWNSHIP SOURCES	\$ _____
6. (iii) TOTAL VALUE OF ALL BENEFITS PROVIDED FOR PAYMENT OF UTILITIES	\$ _____
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7. (A) TOTAL NUMBER RECEIVING HOUSING ASSISTANCE - RECIPIENTS	_____
7. (A) (i) TOTAL NUMBER RECEIVING HOUSING ASSISTANCE - HOUSEHOLDS	_____
7. (B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HOUSING ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
8. (i) TOTAL VALUE OF BENEFITS PROVIDED FOR HOUSING ASSISTANCE - TOWNSHIP	\$ _____
8. (ii) TOTAL VALUE OF BENEFITS PROVIDED FOR HOUSING ASSISTANCE - NONTOWNSHIP SOURCES	\$ _____
8. (iii) TOTAL VALUE OF ALL BENEFITS PROVIDED FOR PAYMENT OF HOUSING ASSISTANCE	\$ _____
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9. (A) TOTAL NUMBER RECEIVING FOOD ASSISTANCE - RECIPIENTS	_____
9. (A) (i) TOTAL NUMBER RECEIVING FOOD ASSISTANCE - HOUSEHOLDS	_____
9. (B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING FOOD ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
10. (i) TOTAL VALUE PROVIDED FOR FOOD ASSISTANCE - TOWNSHIP	\$ _____
10. (ii) TOTAL VALUE PROVIDED FOR FOOD ASSISTANCE - NONTOWNSHIP SOURCES	\$ _____
10. (iii) TOTAL VALUE ALL FOOD ASSISTANCE PROVIDED	\$ _____

TOWNSHIP _____ COUNTY _____
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)
FOR THE PERIOD ENDING DECEMBER 31, 2005
(Continued)

11. (A) TOTAL NUMBER PROVIDED HEALTH CARE - RECIPIENTS	_____
11. (A) (i) TOTAL NUMBER PROVIDED HEALTH CARE - HOUSEHOLDS	_____
11. (B) NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HEALTH CARE ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
12. (i) TOTAL VALUE OF HEALTH CARE PROVIDED - TOWNSHIP	\$ _____
12. (ii) TOTAL VALUE OF HEALTH CARE PROVIDED - NONTOWNSHIP SOURCES	\$ _____
12. (iii) TOTAL VALUE OF ALL OF HEALTH CARE PROVIDED	\$ _____
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13. TOTAL NUMBER OF FUNERALS, BURIALS, AND CREMATIONS	_____
14. (A) TOTAL ACTUAL VALUE OF FUNERALS, BURIALS, AND CREMATIONS	\$ _____
14. (B) (i) TOTAL PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS	\$ _____
14. (B) (ii) DIFFERENCE BETWEEN ACTUAL VALUE AND AMOUNT PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS	\$ _____
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15. (A) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS	_____
15. (B) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
15. (C) (i) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - TOWNSHIP	\$ _____
15. (C) (ii) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - NONTOWNSHIP SOURCES	\$ _____
15. (C) (iii) TOTAL VALUE OF ALL EMERGENCY SHELTER PROVIDED FOR HOMELESS INDIVIDUALS	\$ _____
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16. (A) TOTAL NUMBER OF REFERRALS OF TOWNSHIP ASSISTANCE APPLICANTS TO OTHER PROGRAMS	_____
16. (B) TOTAL VALUE OF TOWNSHIP SERVICES IN MAKING REFERRALS TO OTHER PROGRAMS	\$ _____
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17. TOTAL NUMBER OF TRAINING PROGRAMS OR JOB PLACEMENTS FOUND FOR TOWNSHIP ASSISTANCE RECIPIENTS WITH ASSISTANCE OF TOWNSHIP TRUSTEE	_____
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18. NUMBER OF HOURS SPENT BY TOWNSHIP ASSISTANCE RECIPIENTS AT WORKFARE	_____
19. (i) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO THE TOWNSHIP	\$ _____
19. (ii) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO OTHER AGENCIES	\$ _____
19. (iii) TOTAL VALUE OF ALL SERVICES PROVIDED BY WORKFARE	\$ _____
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20. (A) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS	\$ _____
20. (B) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEMBERS OF RECIPIENTS' HOUSEHOLDS	\$ _____
20. (C) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS' ESTATES	\$ _____
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21. TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEDICAL PROGRAMS UNDER IC 12-20-16-2(e)	\$ _____
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22. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH A REPRESENTATIVE PAYEE PROGRAM	_____
22. (B) TOTAL AMOUNT OF FUNDS PROCESSED THROUGH THE REPRESENTATIVE PAYEE PROGRAM THAT ARE NOT TOWNSHIP FUNDS	\$ _____

TOWNSHIP, _____ COUNTY _____
 TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)
 FOR THE PERIOD ENDING DECEMBER 31, 2005
 (Continued)

23. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH SPECIAL NONTRADITIONAL PROGRAMS PROVIDED THROUGH THE TOWNSHIP WITHOUT THE EXPENDITURE OF TOWNSHIP FUNDS	_____
23. (B) TOTAL AMOUNT OF NONTOWNSHIP FUNDS USED TO PROVIDE THE SPECIAL NONTRADITIONAL PROGRAMS	\$ _____
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24. (A) (i) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - RECIPIENTS	_____
24. (A) (ii) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - HOUSEHOLDS	_____
24. (B) TOTAL VALUE OF CASE MANAGEMENT SERVICES PROVIDED	\$ _____
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25. TOTAL NUMBER OF HOUSING INSPECTIONS PERFORMED BY THE TOWNSHIP	_____
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DATE _____ TRUSTEE'S SIGNATURE _____

The State Board of Accounts is of the audit position, with the concurrence of the Attorney for the Township Trustees Association, the following procedures should be followed for a consistent completion and completion of Township Assistance Form TA-7.

When completing the form please keep in mind reconciliation or cross-checking cannot, necessarily, be achieved; i.e., Total Value of Benefits Provided TOWNSHIP ASSISTANCE Recipients (Item 3), will not necessarily be the summation of Total Value of Benefits Provided for Utilities (Item 6 (i)); Total Value of Benefits Provided for Housing Assistance (Item 8 (i)); Total Value of Food Assistance Provided (Item 10 (i)); and, Total Value of Health Care Provided (Item 12 (i)); because IC 12-20-28-3 does not specifically require separate reporting of certain Township Assistance provided by townships; i.e., clothing, household supplies, transportation, etc.

FORM TA-7 INSTRUCTIONS

1. If the total number or value of any item required to be reported is zero (0), the township trustee shall include the notation "0".
2. Three (3) copies of this form shall be forwarded to the State Board of Accounts, 302 West Washington Street, Room E418, Indianapolis, Indiana 46204-2765 each year and shall be filed with the Township Annual Report, Township Form 15, which is filed with the State Board of Accounts by January 30th, of each year.
3. Use whole dollar amounts i.e. \$500. The use of estimates may be necessary unless actual values are available when establishing the value of some of the assistance provided by "sources other than township funds" (e.g. food pantry operated by a church, housing provided by the Red Cross, etc.). The use of a comparable township cost for a similar benefit would be a procedure which could be used. (e.g. item 8 ii, if the township provides rent assistance at \$300 a similar amount could be used for the nontownship services.
4. Item 1, Total Number Of Requests For Township Assistance. The number of times an individual or a household separately requests any type of township assistance. Self-explanatory.
5. Item 2 (A) Total Number Of Recipients Of Township Assistance. The number of individuals who are members of a household that receive assistance on at least one (1) occasion during the calendar year. An individual may be counted only one (1) time during a calendar year regardless of the number of times assistance is provided or the number of households in which the individual resides during a particular year.
6. Item 2 (B) Total Number Of Households Containing Recipients Of Township Assistance. The sum to be determined by counting the total number of individuals who file an application for which relief is granted. A household may be counted only once during a calendar year regardless of the number of times assistance is provided if the same individual makes the application for assistance. However, if a household changes in accordance with 12-7-2-110.5, a new household may need to be considered. IC 12-7-2-110.5 defines a household as any of the following: (1) An individual living alone. (2) A family related by blood. (3) A group of individuals living together at one (1) residence as a domestic unit with mutual economic dependency.
7. Item 2 (C) (i) Total Number Of Case Contacts Made With Or On Behalf Of Recipients Of Township Assistance. The number of instances in which a township employee has reason to enter a comment or narrative into the record of an application for township assistance regardless of whether the applicant receives or does not receive township assistance funds.
8. Item 2 (C) (ii) Total Number Of Case Contacts Made With Or On Behalf Of Members Of A Household Receiving Township Assistance. The number of instances in which a township employee has reason to enter a comment or narrative into the record of an application for township assistance based on contacts made with a member of the household of the applicant.
9. Item 3 Total Value Of Benefits Provided To Recipients Of Township Assistance. Generally, dollars spent. Totals should be as of the last day of the calendar year township assistance was paid by the trustee and include all direct relief plus case management services as reported on line 24 (B).

FORM TA-7 INSTRUCTIONS (Continued)

10. Item 4 Total Value Of Benefits Provided Through Efforts Of Township Staff From Sources Other Than Township Funds. Generally, dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township. Township staff must have provided guidance to the applicant concerning relief available from sources other than the township. Total should be as of the last day of the calendar year that dollars were provided.
11. Item 5 (A) Total Number Receiving Utility Assistance – Recipients. Number of individuals living in households which is receiving utility assistance should be entered.
12. Item 5 (A) (i) Total Number Receiving Utility Assistance – Household. Number of households receiving utility assistance should be entered here.
13. Item 5 (B) Total Number Of Recipients Assisted By Township Staff In Receiving Utility Assistance From Sources Other Than Township Funds. Total number of individuals in households which received assistance from sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township with utilities through the efforts of township staff.
14. Item 6 (i) Total Value Of Benefits Provided For Payment Of Utilities – Township. Generally, dollars spent. Totals should be as of the last day of the calendar year township assistance was paid by the trustee.
15. Item 6 (ii) Total Value Of Benefits Provided For Payment Of Utilities – Nontownship Sources. Generally, dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township for utility assistance. Total should be as of the last day of the calendar year that utility assistance was provided.
16. Item 6 (iii) Total Value Of All Benefits Provided For Payment Of Utilities. Add items 6 (i) and 6 (ii).
17. Item 7 (A) Total Number Receiving Housing Assistance – Recipients. Indicate total number of people in households benefiting from housing assistance.
18. Item 7 (A) (i) Total Number Receiving Housing Assistance – Household. Number of households receiving housing assistance should be entered here.
19. Item 7 (B) Total Number Of Recipients Assisted By Township Staff In Receiving Housing Assistance From Sources Other Than Township Funds. Total number of individuals in households which received housing assistance from sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township through the efforts of township staff.
20. Item 8 (i) Total Value Of Benefits Provided For Housing Assistance – Township. Generally, dollars spent. Totals should be as of the last day of the calendar year township assistance was paid by the trustee.

FORM TA-7 INSTRUCTIONS (Continued)

21. Item 8 (ii) Total Value Of Benefits Provided For Housing Assistance – Nontownship Sources. Generally, dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township for housing assistance. Total should be as of the last day of the calendar year that housing assistance was provided.
22. Item 8 (iii) Total Value Of All Benefits Provided For Payment of Housing Assistance. Add items 8 (i) and 8 (ii).
23. Item 9 (A) Total Number Receiving Food Assistance – Recipients. Total number of people benefiting from food assistance.
24. Item 9 (A) (i) Total Number Receiving Food Assistance – Households. Number of households receiving food assistance should be entered here.
25. Item 9 (B) Total Number Of Recipients Assisted By Township Staff In Receiving Food Assistance From Sources Other Than Township Funds. Total number of individuals who received food assistance from sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township through the efforts of the township staff.
26. Item 10 (i) Total Value Provided For Food Assistance – Township. Generally, dollars spent. However, if the township operates a food pantry, include the market value of donated items supplied from the food pantry. Totals should be as of the last day of the calendar year township assistance was paid by the trustee.
27. Item 10 (ii) Total Value Provided For Food Assistance – Nontownship Sources. Generally dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township for food assistance. Total should be as of the last day of the calendar year that food assistance was provided.
28. Item 10 (iii) Total Value Of All Food Assistance Provided. Add items 10 (i) and 10 (ii).
29. Item 11 (A) Total Number Provided Health Care – Recipients. Total number of people actually provided health care.
30. Item 11 (A) (i) Total Number Provided Health Care – Households. Number of households provided health care should be entered here.
31. Item 11 (B) Number Of Recipients Assisted By Township Staff In Receiving Health Care Assistance From Sources Other Than Township Funds. Total number of individuals who received health care assistance from agencies other than the township through the efforts of the township staff.
32. Item 12 (i) Total Value Of Health Care Provided – Township. Generally dollars spent. Totals should be as of the last day of the calendar year township assistance was paid by the trustee.

FORM TA-7 INSTRUCTIONS (Continued)

33. Item 12 (ii) Total Value Of Health Care Provided – Nontownship Sources. Generally dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township for health care assistance. Total should be as of the last day of the calendar year that health care assistance was provided.
34. Item 12 (iii) Total Value Of All Health Care Provided. Add items 12 (i) and 12 (ii).
35. Item 13 Total Number Of Funerals, Burials, And Cremations. Self-explanatory.
36. Item 14 (A) Actual Value Of Funerals, Burials, And Cremations. Total value of funerals, burials, and cremations from all sources.
37. Item 14 (B) (i) Total Paid By Township Funds For Funerals, Burials, And Cremations. Generally dollars spent on funerals, burials and cremations.
38. Item 14 (B) (ii) Difference Between Actual Value And Amount Paid By Township Funds For Funerals, Burials, And Cremations. Subtract item 14 (B) (i) from 14 (A). Example: Total value of funeral and burial per the funeral home was \$2000 (line 14 (A)). Township paid (in accordance with IC 12-20-16-12, not more than the cost of the least expensive funeral) \$1600 (line 14 (B) (i)). Difference is \$400 (line 14 (B) (ii)).
39. Item 15 (A) Total Number Of Nights Of Emergency Shelter Provided To The Homeless. Self-explanatory.
40. Item 15 (B) Total Number Of Nights Of Emergency Shelter Provided To The Homeless Through Efforts Of Township Staff From Sources Other than Township Funds. Total number of nights of emergency shelter provided to the homeless by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township through efforts of the township staff.
41. Item 15 (C) (i) Total Value Of Emergency Shelter For Homeless Individuals – Township. Generally, dollars spent. Total should be as of the last day of the calendar year township assistance was paid by the trustee.
42. Item 15 (C) (ii) Total Value Of Emergency Shelter For Homeless Individuals – Nontownship Sources. Generally dollars spent (or use estimates as outlined in number 3 above) by sources (government agencies, nonprofit agencies, churches, charities, etc.) by sources (government agencies, nonprofit agencies, churches, charities, etc.) other than the township for emergency shelter assistance. Total should be as of the last day of the calendar year that emergency shelter assistance was provided.
43. Item 15 (C) (iii) Total Value Of All Emergency Shelter Provided For Homeless Individuals. Add items 15 (C) (i) and 15 (C) (ii).
44. Item 16 (A) Total Number Of Referrals Of Township Assistance Applicants To Other Programs. Any assistance programs that Township Assistance applicants are sent to should be counted i.e. Project S.A.F.E., local charities, food stamps, etc. If one applicant is sent to two (2) of the aforementioned type of programs and one (1) applicant is sent to one (1) of the aforementioned programs, then the total number of referrals would equal three (3).

FORM TA-7 INSTRUCTIONS (Continued)

45. Item 16 (B) Total Value Of Township Services In Making Referrals To Other Programs. Generally, the salaries, wages, and benefits of the township staff for time spent in contacting and referring applicants to other sources (government agencies, nonprofit agencies, churches, charities, etc.).
46. Item 17 Total Number Of Training Programs Or Job Placements Found For Township Assistance Recipients With Assistance Of Township Trustee. Indicate the number of training programs or job placements started by a township assistance recipient as a result of the efforts of the trustee.
47. Item 18 Number Of Hours Spent By Township Assistance Recipients At Workfare. Self-explanatory.
48. Item 19 (i) Total Value Of Services Provided By Workfare To The Township. Self-explanatory. The value would be not less than hours worked times the federal minimum wage in accordance with IC 12-20-11-1.
49. Item 19 (ii) Total Value Of Services Provided By Workfare To Other Agencies. Self-explanatory. The value would be not less than hours worked times the federal minimum wage in accordance with IC 12-20-11-1.
50. Item 19 (iii) Total Value Of All Services Provided By Workfare. Add items 19 (i) and 19 (ii).
- Note: Reimbursements shown on lines 20 (A), 20 (B), and 20 (C) include receipts from a lien filed in accordance with IC 12-20-6-10; a claim filed against the estate of a recipient (IC 12-20-27-1); and from a subrogation agreement or Social Security Administration reimbursement authorization (IC 12-20-27-1.5)
51. Item 20 (A) Total Amount Of Reimbursement For Assistance From Recipients. Generally, dollars received from recipients. (See note above)
52. Item 20 (B) Total Amount Of Reimbursement For Assistance Received From Members of Recipients' Households. Generally, dollars received from members of the recipients' households. (See note above)
53. Item 20 (C) Total Amount Of Reimbursement For Assistance Received From Recipients' Estates. Generally, dollars received from a recipient's estate. (See note above)
54. Item 21 Total Amount Of Reimbursement For Assistance Received From Medical Programs Under IC 12-20-16-2(e). Generally dollars received.
55. Item 22 (A) Total Number Of Individuals Assisted Through A Representative Payee Program. Self-explanatory.
56. Item 22 (B) Total Amount Of Funds Processed Through The Representative Payee Program That Are Not Township Funds. Total amount of receipts and disbursements for individuals participating in a representative payee program.
57. Item 23 (A) Total Number Of Individuals Assisted Through Special Nontraditional Programs Provided Through The Township Without The Expenditure Of Township Funds. An example would be that the township owns a community building and allows the United Way to conduct a holiday banquet. Total number of individuals attending the banquet would be entered here.

FORM TA-7 INSTRUCTIONS (Continued)

58. Item 23 (B) Total Amount Of Nontownship Funds Used To Provide The Special Nontraditional Programs. An estimate could be used that the United Way promised to provide \$20 of food and clothing to the banquet attendees. 100 people attending would be a value of \$2000.
60. Item 24 (A) (i) Total Number Of Hours An Investigator Of Township Assistance Spends On Case Management Services – Recipients. Total hours township investigators provides services by entering comments or narratives into the record of application for township assistance (Form TA-1) for a recipient regardless of whether an applicant receives or does not receive township assistance funds. Case management services could include functions such as counseling recipients on money management, budgeting, etc.; follow up visits to recipients; and similar items. Processing a Township Assistance application (Form TA-1) would be an administrative function, not case management.
61. Item 24 (A) (ii) Total Number Of Hours An Investigator Of Township Assistance Spends On Case Management Services – Household. Total hours township investigators provides services by entering comments or narratives into the record of application for township assistance (Form TA-1) for a household regardless of whether an applicant receives or does not receive township assistance funds. Case management services could include functions such as counseling recipients on money management, budgeting, etc.; follow up visits to recipients; and similar items. Processing a Township Assistance application (Form TA-1) would be an administrative function, not case management.
62. Item 24 (B) Total Value Of Case Management Services Provided. Generally, the personnel costs (salaries, wages, and benefits) of the township staff in providing case management services.
63. Item 25 Total Number Of Housing Inspections Performed By The Township. Self-explanatory.